

FULL ESTIMATED COST	ENTRY 1.92	SESSION 31.62
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	0.00	-0.65

FILE 'MEDLINE' ENTERED AT 12:20:57 ON 04 APR 2003

FILE 'EMBASE' ENTERED AT 12:20:57 ON 04 APR 2003
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FILE 'SCISEARCH' ENTERED AT 12:20:57 ON 04 APR 2003
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FILE 'CAPLUS' ENTERED AT 12:20:57 ON 04 APR 2003
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=> s l20 and bronchitis
L28 0 FILE MEDLINE
L29 5 FILE EMBASE
L30 4 FILE SCISEARCH
L31 3 FILE CAPLUS

TOTAL FOR ALL FILES
L32 12 L20 AND BRONCHITIS

=> s fibrosis and asthma
L33 1489 FILE MEDLINE
L34 1515 FILE EMBASE
L35 1132 FILE SCISEARCH
L36 634 FILE CAPLUS

TOTAL FOR ALL FILES
L37 4770 FIBROSIS AND ASTHMA

=> s l20 and bronchitis
L38 0 FILE MEDLINE
L39 5 FILE EMBASE
L40 4 FILE SCISEARCH
L41 3 FILE CAPLUS

TOTAL FOR ALL FILES
L42 12 L20 AND BRONCHITIS

=> s l20 and bronchiectasis
L43 0 FILE MEDLINE
L44 0 FILE EMBASE
L45 0 FILE SCISEARCH
L46 1 FILE CAPLUS

TOTAL FOR ALL FILES
L47 1 L20 AND BRONCHIECTASIS

=> s l20 and asthma
L48 2 FILE MEDLINE
L49 17 FILE EMBASE
L50 2 FILE SCISEARCH
L51 6 FILE CAPLUS

TOTAL FOR ALL FILES
L52 27 L20 AND ASTHMA

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FILE 'MEDLINE, EMBASE, SCISEARCH' ENTERED AT 11:57:20 ON 04 APR 2003
L2          0 FILE MEDLINE
L3          0 FILE EMBASE
L4          0 FILE SCISEARCH
TOTAL FOR ALL FILES
L5          0 S TIOTROPIM AND INFLAMMATION
L6          0 FILE MEDLINE
L7          0 FILE EMBASE
L8          0 FILE SCISEARCH
TOTAL FOR ALL FILES
L9          0 S TIOTROPIM AND INFLAMMAT?

FILE 'CAPLUS' ENTERED AT 11:58:04 ON 04 APR 2003
L10         0 S TIOTROPIM AND INFLAMMAT?
L11        21 S TIOTROPIUM AND INFLAMMAT?

FILE 'MEDLINE, EMBASE, SCISEARCH' ENTERED AT 11:58:22 ON 04 APR 2003
L12         6 FILE MEDLINE
L13        25 FILE EMBASE
L14         5 FILE SCISEARCH
TOTAL FOR ALL FILES
L15        36 S TIOTROPIUM AND INFLAMMAT?

FILE 'MEDLINE, EMBASE, SCISEARCH, CAPLUS' ENTERED AT 11:58:37 ON 04 APR
2003
L16         6 FILE MEDLINE
L17        25 FILE EMBASE
L18         5 FILE SCISEARCH
L19        21 FILE CAPLUS
TOTAL FOR ALL FILES
L20        57 S TIOTROPIUM AND INFLAMMAT?
L21        45 DUP REM L20 (12 DUPLICATES REMOVED)

FILE 'STNGUIDE' ENTERED AT 12:01:54 ON 04 APR 2003

=> s rhinitis and l20
L22         0 RHINITIS AND L20

=> s fibrosis and l20
L23         0 FIBROSIS AND L20

=> s fibrosis and asthma
L24         0 FIBROSIS AND ASTHMA

=> s l20 and asthma
L25         0 L20 AND ASTHMA

=> s l20 and bronchiectasis
L26         0 L20 AND BRONCHIECTASIS

=> s l20 and bronchitis
L27         0 L20 AND BRONCHITIS

=> fil medline, embase, scisearch, caplus
COST IN U.S. DOLLARS          SINCE FILE          TOTAL

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=> s fibrosis and l20

L53 0 FILE MEDLINE
L54 1 FILE EMBASE
L55 1 FILE SCISEARCH
L56 2 FILE CAPLUS

TOTAL FOR ALL FILES

L57 4 FIBROSIS AND L20

=> s rhinitis and l20

L58 0 FILE MEDLINE
L59 1 FILE EMBASE
L60 0 FILE SCISEARCH
L61 3 FILE CAPLUS

TOTAL FOR ALL FILES

L62 4 RHINITIS AND L20

=> s l42 or l47 or l52 or l57 or l62

L63 2 FILE MEDLINE
L64 19 FILE EMBASE
L65 5 FILE SCISEARCH
L66 6 FILE CAPLUS

TOTAL FOR ALL FILES

L67 32 L42 OR L47 OR L52 OR L57 OR L62

=> dup rem l67

PROCESSING COMPLETED FOR L67

L68 28 DUP REM L67 (4 DUPLICATES REMOVED)
ANSWERS '1-2' FROM FILE MEDLINE
ANSWERS '3-20' FROM FILE EMBASE
ANSWERS '21-23' FROM FILE SCISEARCH
ANSWERS '24-28' FROM FILE CAPLUS

AN 1998:824600 SCISEARCH
GA The Genuine Article (R) Number: 131PU
TI Chronic obstructive pulmonary disease: new opportunities for drug
development
AU Barnes P J (Reprint)
CS NATL HEART & LUNG INST, IMPERIAL COLL, SCH MED, DOVEHOUSE ST, LONDON SW3
6LY, ENGLAND (Reprint)
CYA ENGLAND
SO TRENDS IN PHARMACOLOGICAL SCIENCES, (OCT 1998) Vol. 19, No. 10, pp.
415-423.
Publisher: ELSEVIER SCI LTD, THE BOULEVARD, LANGFORD LANE, KIDLINGTON,
OXFORD OX5 1GB, OXON, ENGLAND.
ISSN: 0165-6147.
DT General Review; Journal
FS LIFE
LA English
REC Reference Count: 78
AB Chronic obstructive pulmonary disease (COPD) is common and there is an
increasing worldwide prevalence. There are no available treatments to
prevent the progression of airflow obstruction, but greater understanding
of the molecular and cellular mechanisms involved in COPD has identified
many new therapeutic targets, including inflammatory mediators,
proteases and adhesion molecules. In this review, Peter Barnes considers
potential new drugs for this neglected disease.
CC PHARMACOLOGY & PHARMACY
STP KeyWords Plus (R): HUMAN MONONUCLEAR PHAGOCYTES; HUMAN NEUTROPHIL
ELASTASE; NECROSIS-FACTOR-ALPHA; ALVEOLAR MACROPHAGES; CHRONIC-
BRONCHITIS; ALPHA-1-ANTITRYPSIN DEFICIENCY; METALLOPROTEINASE
INHIBITORS; MUCUS HYPERSECRETION; TIOTROPIUM BROMIDE; SMOKING
CESSATION

L68 ANSWER 22 OF 28 SCISEARCH COPYRIGHT 2003 ISI (R)
AN 1999:934630 SCISEARCH
GA The Genuine Article (R) Number: 260JK
TI Novel approaches and targets for treatment of chronic obstructive
pulmonary disease
AU Barnes P J (Reprint)
CS UNIV LONDON IMPERIAL COLL SCI TECHNOL & MED, NATL HEART & LUNG INST, SCH
MED, DOVEHOUSE ST, LONDON SW3 6LY, ENGLAND (Reprint)
CYA ENGLAND
SO AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, (NOV 1999)
Vol. 160, No. 5, Supp. [S], pp. S72-S79.
Publisher: AMER LUNG ASSOC, 1740 BROADWAY, NEW YORK, NY 10019.
ISSN: 1073-449X.
DT Article; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 54
AB There is a driving need to develop new and effective treatments for
COPD. Bronchodilators are now the mainstay of symptomatic therapy and a
new long-acting anticholinergic bronchodilator, **tiotropium**
bromide, is now in advanced clinical trials as a once daily dry powder
inhaler. Several **inflammatory** mediators are involved in the
chronic neutrophilic **inflammation** that typifies COPD, including
leukotriene B-4 and interleukin 8; for which specific receptor antagonists
have been developed. Since the **inflammatory** process in COPD is
essentially steroid resistant, new antiinflammatory treatments are needed.
Drugs that may be effective include phosphodiesterase 4 inhibitors,
NF-kappa B inhibitors, and interleukin 10. Inhibition of proteases is
another approach and inhibitors of neutrophil elastase, cathepsins, and
matrix metalloproteases are now in clinical development. Supply of
endogenous antiproteases, such as alpha(1)-antitrypsin and secretory
leukocyte protease inhibitors as recombinant proteins or by gene transfer,
is also being explored. In future drugs that may stimulate alveolar repair
might be developed, including retinoid receptor agonists and hepatic
growth factor. Future directions will include earlier detection of
disease, gene profiling to identify which smokers are at risk of COPD, and
the development of noninvasive surrogate markers to monitor disease
activity in order to monitor new therapies. Identification of genes that
confer a risk for COPD in smokers may identify novel targets for drug
development.
CC EMERGENCY MEDICINE & CRITICAL CARE; RESPIRATORY SYSTEM
STP KeyWords Plus (R): HUMAN NEUTROPHIL ELASTASE; AIRWAY EPITHELIAL-CELLS;
ALVEOLAR MACROPHAGES; **TIOTROPIUM** BROMIDE; CONTROLLED TRIAL;
CYSTIC-FIBROSIS; KAPPA-B; INHIBITOR; **ASTHMA**; COPD
RE